

Adherence to Antiretroviral Therapy in South Africa

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Outline

- Challenge of adherence
- Overall study objectives
- Qualitative study findings

Importance of adherence

- Strongest predictor of treatment success (Patterson et al., 2000)
- > 95% needed for
 - Reduction of viral load
 - Limitation of drug resistance
 - Maintaining efficacy of first-line regimens

Challenge of adherence beyond initial rollout stage

As of March 2003 in maturing workplace ART programme:

- Retention
 - 176 of 652 (27%) of patients no longer on the programme
- Viral load suppression
 - 6 months: $< 400 = 63\%$; $< 50 = 51\%$
- Combining retention and virological success (most ART programmes do not do this), programme effectiveness $< 40\%$

Research components

Pilot Group A: Qualitative in-depth interviews with 12 Key role players



Pilot Group B: Quantitative survey with 100 ART patients at 6 weeks after treatment



Cohort adherence study: Approximately 350 ART patients

Qualitative pilot study findings

Setting

- Mineworkers receiving free ART as part of workplace programme in the North West province of South Africa
- Counselling for ART adherence is given in 3 sessions around starting ART and is available at every follow-up visit



Methods (2)

- Participants
 - 12 key informants: 6 ART patients, 4 HSPs, 1 Human Resources Manager, 1 traditional healer
- The interview
 - 1-1.5 hours in preferred language
- Data collection and analysis
 - Tape recording
 - Verbatim transcription and key themes analysis

Patterns

- 3 main patterns of poor adherence
 - Skipping a few doses of ART
 - Taking prolonged treatment breaks
 - Discontinuing treatment and clinic visits altogether
- Changing patterns of adherence over time

Barriers and facilitators

- Adherence to ART may be affected by
 - Individual factors
 - Treatment factors
 - Disease factors
 - Patient/health care provider relationship factors
 - Systems factors

Individual factors

- Alcohol use
 - Forgetting
 - Intentional for fear of interaction
- Being away from usual place of residence
- Fear of stigma
 - *“If a person doesn't disclose to his partner, he'll have a problem in taking his medication because he will have to hide it and if they have to hide medication from someone one day you are going to not take it because you'll be scared ” PID 05: Health service provider*

Individual factors (2)

- The use of traditional medicines while on ART
 - *“I had a pain in my foot and the doctors could not help me ... I went to my traditional healer. She gave me something ... That is why I stopped the ART. You shouldn't mix the two!!” PID 06: poorly adherent patient*
 - *“I tell the patients to take my medicine for one week and then for the other week it must be the tablets (ART) ... No, I haven't seen one (patient feeling better with ART)... I see them die.” PID 09: Traditional healer*



Individual (3)

- Lack of readiness for testing & treatment
 - *“When we started the programme, they were pushed to put people onto ART, as many as they can!! ... Later we realize that most people were pushed onto ART early ... When they are not ready ... that's why we had a very high rate of defaulters” PID 05: Health service provider*

Individual (4)

- Lack of belief in HIV disease or HIV status
 - *“I don’t think I have HIV ... Ahh, I am not sure [that HIV exists] ... look at me I am fine ... I am not sick ... I have normal people’s sicknesses ... if I am sick again I’ll use the best medicine for that sickness, may be the ART may be something else. ” PID 06: poorly adherent patient*

Patient/health care provider

- Communication barriers

- *“The problem arose when the nurse who attended to me and myself did not understand each other... they then told me they are stopping me, I must never come again for the pills, because I am playing with them” PID 12: poorly adherent patient*
- *“... Especially the Xhosas (don’t adhere). We try to speak their language ... sometimes he knows a bit of my language, then I talk my language, I ask him if he can hear me.” PID 05: Health service provider*

Patient/health care provider (2)

- Power relationship
 - No questions asked culture
 - *“What do you mean ask questions? You are not supposed to ask questions if you are sick!” PID 02 adherent patient*

Treatment factors

■ Side-effects

- *“It just gave me problem [ART] from the first time after using it ... I told them no, I am not going to use them again. I am going to end up not going to work because of them ... That’s how I stopped them.” PID 03: poorly adherent patient*

Disease factors

- Severity of illness

- Facilitator

- *“After I recovered, I noticed that they (ART) are working and I continued. I can’t stop them” PID 01: poorly adherent patient*

- Barrier

- *“Sometimes when I feel I am right, I don’t take them (ART)” PID 11: poorly adherent patient*

Systems factors

- Many patients, few staff
- No central programme manager
- No forum
- Work supervisors' limited knowledge of programme

Systems factors (2)

- Pressure of VCT targets

- *“it is important for people to test, but they have got to it willingly ... but now there will be targets. You are going to force people to meet your target! We’ll be doing quantity ... it will be a never ending cycle of defaulter, non-adherents, it will have no real meaning in the end”*
PID 04: Health service provider

Predicting readiness

- HSPs often use own judgment to assess readiness
- No clear factors or system for assessment
- Methods used by health service providers
 - *“Ask the patient if they are ready” PID:08*
 - *“Facial expressions” PID: 05*
 - *“Don’t Know” PID: 04*

Qualitative study conclusions

- Readiness and denial of status
- Providers believe readiness is the main predictor of adherence
- Providers are currently using their own judgments of who is “ready” for treatment
- Information on predictors, if any, of adherence in this and similar settings is needed

Supporting adherence - a patient's view

“If you explain something to a person about his health, you must not give up on him if he puts them away (pills). A person's life is not bought from the shop ... if you are sick remember that even the heart is not healthy too ... if I come here and explain that I made a mistake they must listen to me ... I am an adult and not a child, we think about this and that. They must guide us and understand us” ART patient

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